

RECEIPT OF PAYMENT

Receipt Number:	2020052632
Receipt Date:	08/19/2020
Date Paid:	08/19/2020
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HAIR TAILORS/CINDY MELTON, Address:11715 BEACON AVE, Phone:(816) 246-4247

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800142053	\$50.00